LOURDES A. LEON GUERRERO GOVERNOR MAGA HAGA

LT GOV

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



ARTHUR U. SAN AGUSTIN, MHR DIRECTOR

VERNOR SIGUNDO MAGA LAHI	DEPUTY DIRECTOR
KAWABATA INTERNATIONAL, IN LOT 2A LOBR I EAST BZ # 134 E. MARINE CORP DR. UNIT	
ASISEN RAMEN Name of Establishment	_
As a result of this inspection your establishment r	eceived a:
☐ LETTER OF WARNING	
	(Demerit/Grade Points)
Written request for re-inspection to incl If we do not receive a written re-inspec (10) calendar days from the official rece	cited on your establishment's inspection report, you must provide us a ude a description of the corrective measures that you have implemented ation request from you, we will conduct a follow-up inspection after tensipt of this notice to ensure that corrective measures have been taken
Failure to correct violations may resul 10GCA, Chapter 21.	t in the closure of your establishment pursuant to section 21109(b) of
M NOTICE OF CLOSURE	(Demelit/Grade Points) ROOENT INFESTATION (Demelit/Grade Points)
Once you have corrected all violations	cited on your establishment's inspection report, you must provide us a

written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 300-9579 or (fax) 300-9577. Si Yu'us Ma'ase.

CAYMUNO

ARTHUR U. SAN'AGUSTIN, MHR

Director

Sincerely,

Issued By:

Name of EPHO

Received By:

Establishment Representative

Department of Public Health & Social Services 155 Hesler Pt, Hagatna GU 96910

www.dphss.guam.gov

Revised 03/03/2021

			<u> </u>	Depar	tment	of F	ubli	с Не	alth	an	nd Socia ntal Heal	Se	ervices			_	
													Report	Page	1	of	6
INSPECTION	RSN	TYPE	GRADE	INSPEC	TION DA	ATE					MENT NAM		- TOPOIL				
Regular		1	15	04 / 2	29 / 2	2021	l				amen	_					
Follow-up			45	TIME IN	O TIN						LDER	_					
Complaint	1		RATING	11:00 AM							a Interna	itin	nal Inc				
Investigation	1	1	_ n	SANITARY					_		Address)	1110	mar, me		_		
Other:		_	l D		01401		•					ne i	Unit B1, Dededo				
	ABI 19	CHARC	NT TYPE				SNIE	_					-				
		taura	· · · · · -	AREA		EPH(on Violations		RISK CA	_	ORY
and the second						3-88							ntervention Violations	0		3	
		FUC	DROKME	: ILLNESS F	RISK	FAC	CTC	RS	<u>ANI</u>	D	<u>PUBLIC</u>	H	IEALTH INTERVE	NTION	S		
l		C	Ircle or mark "X"	designated compliand	ce (IN, OI	UT, NA	O, N/A) for ea	ich nu	mbe	ered item. I	/lark	"X" in appropriate box for COS	and/or R.			
IN = In cor	npliano	œ OU	T = Not in compli	ance N/O = Not obse	erved Ni								luring inspection R = Repeat v	iolation P	TS = Den		
Complian	:0 512	เนธ	C			COS	S R	IPTS	<u> C</u>	om	pliance St				COS	R	PTS
				pervision present, demonstrat				_	H	e li	8.5 CUT 144	Pol	tentially Hazardous Food	(TCS Foo	d)		
1 (X) OL	JΤ		knowledge, and		CS	1	1	6			IN OUT NA		Proper cooking time and temp Proper reheating procedures for		_	<u> </u>	6
1900				vee Health	-		_		_	-	IN OUT NA		Proper cooling time and temper		9		6
2 X OL	JΤ			areness; policy prese	nt		Т-	6					Proper hot holding temperatur		X	┝	6
3 × OL	ŀΤ		Proper use of re-	porting, restriction & e	xdusion	\top	1	6	_		IN ON N/A		Proper cold holding temperatu		+^		6
4 700 20			Good Hyg	ienic Practices					2	1	IN CONT NA	N/O	Proper date marking and dispo				6
4 0 € 0L	JT NW	A N/O	Proper eating, ta tobacco use	sting, drinking, beteln	ut, or			6				450	Consumer Advisor	у			
5) OL	IT N/A			m eyes, nose, and mo tamination by Har				6	2	2	X OUT N/A		Consumer Advisory provide				6
6 IN 0 X	T NV	O/N A	Hands clean and	properly washed			Γ	6					undercooked foo	15	- 1		ا "
7 X OL	IT N/A			ntact with ready-to-ea		r		6					Highly Susceptible Popu				
 				te method properly fo		₩	₩	<u> </u>	2	3 1	IN OUT		Pasteurized Foods used; prohi	bited foods	nat		6
8 IN 94	Œ		accessible	ashing facilities suppl	ied &	1	1	6		_		_	offered			البيا	L
m Kana Calamar	<u>`</u>			ved Source	100	_				_			Chemical		IV-UU N	-	
9 100	IT			om approved source		т	Т	6	2	4	N OUT		Food additives; approved and	properly use	d		6
10 IN OU				proper temperature	_	+	╁	6	⊢	\dashv		_	Toxic substances properly ider	tition steem	1	-	\vdash
11 K OU	iT .			ndition, safe, and unac	lulterated	1		6	2	5]	⋉ оит		used	illied, storet	1,0		6
12 IN OL	T \			available: shellstock		\vdash	\vdash					Con	formance with Approved	Procedur	es .		
12 00		11/0	parasite destruct					6	2	۾ ا	N OUT		Compliance with variance, spe				_
40 las au				om Contamination	1				ئا	<u>"</u>	N OUT N		process, and HACCP plan				6
13 IN OU			Food separated			₩	-	6		Γ	Risk facto	rs ar	e improper practices or procedu	res identifie	d as the n	nost	
				faces: cleaned & sani n of returned, previou		₩	₩	6		- 1	prevalent o	ontrib	buting factors of foodborne illnes	s or injury	Public He	alth	
15 💢 OU	Т			oned, and unsafe food				6		L	intervention	ıs an	e control measures to prevent for	odbome illn	ess or inj	ury	
	7 10			II	GO	OD.	RE	AIL	Pi	λS	CTICES	3	1. (1831) 12 L		1000		
			Good Retail Prac	tices are preventative									nicals, and physical objects into	foods			
Mark 1	X" in b	ox: If n	umbered item is a	not in compliance and	or if CO	S and/o	or R.	COS	=Соп	recte	ed_on-site du	ring i	nspection R =Repeat violatio	n PTS =	Demerit p	oints	
Complianc	e Sta	tus				cos	R	PTS	Co	omp	oliance Sta	tus	<u> </u>		cos	R	PTS
27	Deete			od and Water					200	- T	-		Proper Use of Utens	ils			
		- Att.	ggs used where	· · ·		├		1	4	0			sils: properly stored			\Box	1
28	Water	and lo	from approved :	source				2	4	1	handle		uipment and linens; property str	red, dried.			1
29	Variar	nce obta	ined for specializ	ed processing metho	ds			1	4	,	**********		single-service articles properly:	etored used	_		1
				erature Control		E a le			4	_			d property	norca, usca	_		1
30				adequate equipment	for			1	165		3		Utensils, Equipment and \	/ending	-0.71	0153	<u> </u>
		rature d							4	аΤ	Food a		onfood-contact surfaces cleanal				4
31	Plant	rood pro	perly cooked for	not holding		_		1	L.	1	designe	ed, c	onstructed, and used		-1 1		1
32 X	Appro	ved tha	wing methods us	ed			í	1	4:	5 `	VVarew strips	ashir	ng facilities installed, maintaine	d, used; test			1
33 X	Therm	ometer	provided and ac	curate		 		1	46	6		d-cn	ntact surfaces clean				1
			Food Id	entification						_	, i.i.		Physical Facilities				_
34 X	Food (properly	labeled; original	container				1	4	7 T	Hot & c	old v	vater available, adequate pressi				2
	114	Р	revention of F	ood Contamination	on		2.00		48	в			stalled, proper backflow devices		-	\dashv	2
35 🗶			nts, and animals r					2	49	9	X Sewage	and	wastewater properly disposed				2
36			n prevented durin	g food peparation, sto	orage &		П	1	50	оΤ	Toilet fo	Ciliti	es: properly constructed, supplie	ed & cleans		一	2
37	displa	y nal clea	nliness	<u></u>		-	\vdash			4							
			properly used a	nd stored		 	$\vdash\vdash$	1	5	_			use properly disposed, facilities				2
	_	_	properly used at and vegetables			—	⊢	1	52 53				ilities installed, maintained, and		4		1
	ave:	read s	and understar	nd the above viol	ation/c) and	1		5	3	Adedna	te ve	entilation and lighting; designate				1
				measures that					54	4 1	Sanitan	, P=-	Documents and Placa mit, Health Certificates valid an			-	NIA
Person in Ch	arge f	Print a	nd Sign)	MI AFTAN	A I	- Lake	*	}	1 34	<u> </u>	Joannar			n bosted			NA.
			7	UNY JEW	7	W		/				L	^{tte:} 4/29/2021				ſ
DEH Inspect	or (Pri	nt and	Sign) T.(CHIMIZU	134	田	水	V	M	M	IND OF	幂	llow-up (Mark one): YES	NO	Follow-u	p Date	,
Re	v: 11.2	8.16			White:	DPHS	MEH				stabilshment						

			ent of Publi Division of E	Environ	mental Hea	lth			-	
		Food E	<u>stablishı</u>			ion Rep	ort	P	age _2	of 6
	MENT NAME		<u> </u>	LOCATI	ON (Address)		· ·		~	
Ajisen R					Marine Corps	Dr. Unit B1,	Dededo			
	PECTION DATE / 29 / 2021	SANITARY PERMIT 200101	-		HOLDER bata Interna	ational, Inc				· <u> </u>
T THE V		TEI	MPERATU	JRE OF	SERVAT	IONS				
	Item/Location		Temperature	re (° F)		Item/Loca	ation		Tempe	rature (° F)
	shes raw chicken/cour		63.5		Fried chicken	cutlet/pan o	n prep table	2		49.5
	shes raw chicken/cour		68.5		Cooked Chic	ken Karage/	pan on prep		_	49.0
	shes raw chicken/cour	nter-top	69.0		Cut cabbage/				8	32.5
	beef/counter-top	_	75.0		Raw bean spr					31.5
	w beef/counter-top ar-siu pork/walk-in fre	2222	78.0	_	Cooked Kara	ge/pan on pr	ep table			137
	on/walk-in freezer	eezer	64.5 54.5				<u> </u>	-+		1
	e of ground pork/walk	-in freezer	30.0							_
	seasoned pork/walk-		46.0		-			275		
	e/rice cooker		171.5				·			
ITEM NO.		OBSERVA	TIONS AN	ND CO	RRECTIV	E ACTIO	NS			CORRECT BY DATE
Violation	s cited in this repo	rt must be corre	cted within 1 -406.11 of th	the time	e frames in	dicated, or	as stated	in Sectio	ns 8-4	05.11 and
	An inspection wa						na ^{II} A rat			
ran into dining area while customer was eating. Employees saw the rat between 8:00 pm and										
9:00 pm. Evidence of rodent activity was observed to support the complaint during the										
	inspection.					-				
	The previous follo	ow-up inspectio	n conducted	d on 4/3	/2020 resu	lted in a 0.	/A.			
6	Employee handle	d trash and did i	not wash the	eir hanc	ls before pr	oceeding	to cook fo	od.	_	None
	Hands shall be pro									
	to prevent cross-c						Con Chang	Sing tusks	,	1
	to provent cross-c	Ontainmation of	rood, equip	pinent,	and utensii	· · ·		.		_
8	No bet weter we	24-42-12-1	1 1 1							
	No hot water prov								r area	None
	is in disrepair, and						en entryw	ay was		
-	inaccessible; no h			_						
	Adequate handwa	shing sinks sha	l be provide	led and	properly su	pplied wit	h hot wate	er, soap, c	clean	
	towels/hand dryer	, signage, and n	nust be acce	essible t	o all emplo	yees to en	courage fo	ood hand	lers	
	to properly wash t									-
				_			_			"
14	Dishes are being v	washed but not s	anitized in	the thre	e comparti	nent sink;	multiple o	cutting		None
boards are discolored with deep cut marks.							•			
	All food contact s	urfaces shall be	properly wa	ashed, i	insed, sani	tized, and	air-dried t	to preven	t	
ie minionate	nspection today, the items suspension of the Sanitary se Director within the perio	Permit of downdrade.	If seeking to app	neal the res	ected by the dat sult of any notice	specified by or inspection	he Department findings, a writ	t. Failure to c iteπ request f	omply m or hearin	ay result in g must be
erson in Chai	rge (Print and Sign)	deva ()	nia liftmenter co	orrections.				Date:	4/29/	72021
EH Inspector	(Print and Sign)	/ V en	MIL MOL Y	ا مالا				Date:	4/29/	
	11.28.16	H V CAY	B DPHSS/DER	Yellow	Food Establishin	nen!			4/27/	ZUZ I

Department of Public Health and Social Services Division of Environmental Health Page $\frac{3}{}$ of $\frac{6}{}$ **Food Establishment Inspection Report** ESTABLISHMENT NAME LOCATION (Address) Aiisen Ramen #134 E. Marine Corps Dr. Unit BI, Dededo INSPECTION DATE PERMIT HOLDER SANITARY PERMIT NO. 04 / 29 / 2021 200101401 Kawabata International, Inc. CORRECT ITEM NO. **OBSERVATIONS AND CORRECTIVE ACTIONS** BY DATE Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. cross-contamination from occurring, and shall be clean to sight and touch prior to use. 19 Cooked fried chicken cutlet and karage was originally in temperature, but then was briefly COS out of temperature. (COS: staff was instructed to place cooked chicken in a warmer) All PHF/TCS foods shall meet an internal hot holding temperature of 140F and above to prevent the growth of pathogens and toxin formation. 20 Multiple PHF/TCS foods did not meet proper cold holding temperatures of 41F and below. None (PIC had staff discard all PHF/TCS that did not meet proper temperature). All PHF/TCS foods shall meet an internal cold holding temperature of 41F and below to prevent the growth of pathogens. 21 Multiple PHF/TCS prepared foods did not have proper date marking. None RTE PHF/TCS foods prepared more than 24 hours shall be properly date-marked to ensure timely disposition of foods from pathogens that may cause a foodborne illness. 30 Compressor in the walk-in freezer is in disrepair, preventing both raw and cooked PHF/TCS None from maintaining proper temperatures. Adequate cooling equipment shall be used to ensure temperature control to prevent the growth of pathogens. Various raw meat items were being thawed on the countertop in room temperature. 32 None PHF/TCS foods shall be thawed using approved methods to prevent the growth of pathogens or toxin formation. 33 Thermometers not provided in all chill units; metal stem-type thermometers not being used. None Thermometers shall be provided, properly calibrated, and used to ensure temperatures are actively being monitored and proper temperatures are maintained. Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Fallure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections. Person in Charge (Print and Sign) 🗸 4/29/2021 4/29/2021

Rev: 11.28.16

		Department of Pu Division o	blic Health and S	ocial Services Health	
		Food Establis		***************************************	4 of 6
	MENT NAME		LOCATION (Addre	ess)	
Ajisen R	amen PECTION DATE	SANITARY PERMIT NO.	#134 E. Marine C PERMIT HOLDER	orps Dr. Unit B1, Dededo	
	/ 29 / 2021	200101401		ernational, Inc	
ITEM NO.		OBSERVATIONS A	AND CORREC	TIVE ACTIONS	CORRECT BY DATE
Violation	s cited in this repo	ort must be corrected with	in the time frame f the Guam Food	s indicated, or as stated in Sections 8	
34	Numerous food i			container and not labeled.	None
				erly labeled with the common name	
		ate proper identification			
2.5					
35				lishment; wet rodent urine found on	None
				sent; evidence of rodent gnawing on	
_				dry storage area; missing ceiling tile	s.
				s an active rodent infestation in the	
		hich constitutes an immin			
				penings shall be sealed to prevent	
				clean equipment/utensils.	
	*Most recent	report from Pest Control (Company (PCC)	dated 4/22/2021 shows evidence	
	of rodent act	ivity.			
36	Multiple food ite	ms stored directly on the f	floor in the walk-	in chiller, walk-in freezer, and by	None
		sink in the kitchen entryw			
				loor to prevent cross-contamination	
		nd it facilitate regular clea			
45	No observed took				
43		strips provided for the thr			None
	Chemical test str	ips shall be used to ensure	sanitizing soluti	ons are properly diluted.	'
46	Non-food contact	t surfaces, like the storage	shelves and floo	ors inside chillers not kept clean.	None
				as often as necessary to prevent	
	· · · · · · · · · · · · · · · · · · ·	tion from occurring.			
. 49	Handwash and w	arewashing sinks draining	directly to the f	loor; noodle boiling station's waste	Name
				ely maintained. Per PIC, last grease	None
	trap services cond	ducted two weeks ago. Wa	stewater shall he	e properly disposed of in an approved	1
_				nt sewage back-up or overflow.	<u>'- </u>
e immediate	inspection today, the items suspension of the Sanitar	s listed above identify violations which	shall be corrected by the	te date specified by the Department. Failure to comply notice or inspection findings, a written request for hea	may result in ring must be
rson in Cha	rge (Print and Sign)	Onedera ()	W./	Date: 4/2	9/2021
EH Inspector	(Print and Sign)	other, winith	TOA,	V. RAYMUNGO Date: 4/2	9/2021
Rev	: 11.28.16	White: DPHSS/DE	H Yellow: Food Esta	Dishment CPHOI	C-10 rad
				, ,	

		Department of Pu	blic Health and Social Services of Environmental Health	
				5 of 6
	MENT NAME		LOCATION (Address)	
Ajisen R	amen PECTION DATE	IOANITA DV DEDVITA VO	#134 E. Marine Corps Dr. Unit B1, Dededo	
	1 29 / 2021	SANITARY PERMIT NO. 200101401	PERMIT HOLDER Kawabata International, Inc	
ITEM NO.			AND CORRECTIVE ACTIONS	CORRECT BY DATE
Violation	s cited in this repo	rt must be corrected with 8-406.11 o	in the time frames indicated, or as stated in Sections if the Guam Food Code.	3-405.11 and
51	Multiple used car		ooking oil stored in dry storage near employee	None
_	entrance.			
	Facilities shall be	properly maintained to p	promote overall sanitary conditions.	
52	Dark discoloration	on on walls behind equipn	nent in the kitchen covered in grease and food	None
			of dust, debris, and food particles.	None
			cleaned as often as necessary to minimize the	
			itation of the establishment.	
53			in warewashing/kitchen area.	None
	to prevent contan		ght bulbs over exposed food/utensils/equipment	_
	to prevent contain	imation.		
	Photos and video	s of violations taken.		
	"A" Placard remo			
	"D" Placard no. 0	00982 and Notice of Clos	sure posted on front entrance door.	
	Issued Notice of	Closure Letter and Re-ins	pection Request Form and verbally provided	
	instruction on ho	-	pection Request Form and verbany provided	-
		to ini out form.		
	A \$100.00 reinsta	itement fee shall be paid t	o the Department of Public Health and Social Servic	es
			-up inspection, including all additional requirements	
	mentioned on the	next page.		
	Discussed above	observations and addition	al requirements mentioned in the following pages wi	41-1
	Person-in-Charge	· · · · · · · · · · · · · · · · · · ·	ar requirements mentioned in the following pages wi	43
		(0.10)		
ased on the in	renection today the items	listed shows identify violations withou	shall be corrected by the date specified by the Department. Failure to comp	
ne immediate :	suspension of the Sanitar	y Permit or downgrade. If seeking to od of time established in the notice for	appeal the result of any notice or inspection findings, a written request for he	y may result in aring must be
erson in Char	ge (Print and Sign)	J Onedera	Data	29/2021
EH Inspector	(Print and Sign)	Homizu EPHOI	U. RAYMUND DOHOZ Date: 4/1	29/2021
2.4		1 /		

Rev: 11.28.16

White: DPHSODEH

Yellow: Food Establishment

Department of Public Health and Social Services (DPHSS) Division of Environmental Health (DEH) Food Establishment Inspection Report Page Q of 6 ESTABLISHMENT NAME LOCATION (Address) AJISEN RAMEN SEE PAGE 1 INSPECTION DATE SANITARY PERMIT NO. PERMIT HOLDER 129 1202 200701401 SEE PAGE ITEM NO. **OBSERVATIONS AND CORRECTIVE ACTIONS** CORRECT BY DATE Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. Based on observations and evidence, it appears that there is an active rodent infestation in the establishment, which constitutes an imminent health hazard. Per the GFC, an imminent health hazard is a significant threat or danger to public health that exists when there is evidence sufficient to show that a product, circumstance, or event creates a situation that requires immediate correction or cessation of operation to prevent injury. The establishment's Sanitary Permit is hereby suspended until all cited violations have been corrected and the following additional requirements, pursuant to GFC Section 8-102.10, to address the pest infestation are met 1. Written documentation to be submitted daily to DPHSS-DEH from the establishment's primary pest control company (PCC) regarding each of the services provided, and MUST INCLUDE, but not limited to, the following: A. Name of pesticide used : B. Number of baits, traps, and other methods used, C. Location of application; and D. Observations of each service conducted. A written cleaning schedule from the establishment that indicates the following: A. Areas that will be cleaned and sanitized; B. How it will be cleaned and sanitized, and C. The frequency or how often it will be done. 3. Seal all openings of the establishment to prevent the entrance and travel of the pest with rodent-proof materials, such as metal. Remove or prevent any access to food and/or water: A. Food that is not bottled or canned must be placed in rodent-proof containers, such as metal, glass, or heavy-gauge plastic containers, prior to storage or when not in use, and B. Place food-contact utensils and equipment in rodent-proof containers prior to storage or when not in use. 5. Sanitize all hard surfaces and food-contact surfaces daily in food preparation areas prior to operation. An official follow-up inspection WILL NOT BE CONDUCTED until the establishment can provide threeconsecutive days of no activity observed from their PCC, and/or by DPHSS-DEH, and all violations cited and additional requirements stated above are met An assessment may be conducted by DPHSS-DEH, or requested by the establishment, and will be scheduled and conducted at the inspector's earliest available schedule Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the Immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the pariod of time established in the notice for con-Person in Charge (Print and Sign) 04 202 DEH Inspector (Print and Sign) T- Stimizu, Epito I GARA OCKNIMY Rev: 11.28.16

White: DPHSS/DEH

Yellow: Food Establishment

G UAM

GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LOURDES A. LEON GUERRERO GOVERNOR, MAGA'HÁGA'

JOSHUA F, TENORIO LT, GOVERNOR, SIGUNDO MAGA'LÁHI ARTHUR U. SAN AGUSTIN, MHR

LAURENT SF DUENAS, MPH, BSN, RN DEPUTY DIRECTOR

TERRY G. AGUON DEPUTY DIRECTOR

COMPLIANCE CHECKLIST FOR RESTAURANTS, BARS, TAVERNS, AND EATING AND DRINKING ESTABLISHMENTS BASED ON EXECUTIVE ORDER 2020-27 THROUGH 2020-41 AND 2020-43 THROUGH 2020-46, 2021, AND 2021-03 THROUGH 2021-04, AND THIS DOCUMENT.

Name of Establishment: ASISAN	RAMEN	Company Name: KAWABATA INTERNATIONAL, INC
Location: WT 2A L ZB L	LAST BZ	# 134 E. MARINE CORPS OR UNIT BI 025500

Item No.	Criteria	Comments	In Compli Executive Industry	
	Messaging and Information			
1	Has a written policy and procedures for COVID-19 prevention and control measures		Ye	No
2	Posted signage for employees and patrons on good hygiene and sanitation practices in highly visible location		(Yes)	. No
3	Posted signs requiring the proper wearing of face mask by employees, vendors, and customers		Yes	No
4	Posted at least one poster that promotes behaviors that prevent the spread of COVID-19 in the establishment		res	No
5	Require customers and vendors to sign-in a visitor log book prior to entry and		Xes	No
6	Retain the visitor log sheet for a period of 30 days from the date of service		Yes	No
	Mask			
7	Require the wearing of face mask by all employees, vendors, and customers		(Me)	No
8	Require customers to wear masks when not actively eating or drinking		(Pe)	No
	Physical Distancing			
9	Operates at no more than the authorized occupancy rate; not exceeding the authorized number of persons per table per party		©	No
10	Provide physical guides, such as tape on floors or sidewalks and signage, to ensure that individuals remain at least 6 feet apart		E	No
11	Maintain 6 feet distance		100	No
12	Removed barstools at the bar or other locations where drinks are made and served unless the bar can maintain 6 feet between the bartender(s) and customers while ordering		@	No
13	Require customers to remain seated at all times in their assigned chairs or remain in their standing area		(P)	No
14	Require customers to wear face masks when speaking with employees		Yes	No
15	The use of ballrooms complies with the following conditions:	ALY	RES	No

	 a. Meetings, trainings, testing certifications and credentialing, and other professional development gatherings, does not exceed 50% of the occupant load, 6 feet social distancing is maintained, and there is no serving of any food b. Restricted to a single public or private reservation to celebrate functions not exceeding 25 guests 	NA		÷
16	Minimum of 6 feet and installation of a physical barrier (i.e., Plexiglass) with a top horizontal edge height of at least 6 feet above the stage floor between musicians and customers when live music is provided	Alu	Yes	No
17	Ensure the following preventative measures are taken for karaoke singing: a. Disposable microphone covers are used to completely cover the microphone between each use; b. Disposable microphone covers are properly disposed of in a waste receptacle that is within reach by customers; c. Microphone properly cleaned and disinfected between each use; d. Only one singer is allowed to sing at a time; e. Face masks are worn at all times while singing; and f. No more than 6 people are permitted per party per private room	N/A	Yes	No
18	Prohibit the use of dance floor	NIA	Yes	No
19	For bars or taverns with limited tables and chairs: a. Customers standing in a designated area not exceeding 6 persons per party for indoor, and not exceeding 15 persons per party for outdoor b. Separated 6 feet apart from other parties c. Established a dedicated ordering area where customers can maintain a distance of 6 feet, or orders are accepted by servers while customers remain seated	NA	Yes	No
] .	Employee Health and Hygiene			
20	Provide hand-sanitizers or stations at the entrance and throughout the establishment		(Tes	No
21	Require every employee to properly wash hands before, during, and after work		100	No
22	Ensure the availability of adequate cleaning supplies (e.g., paper towels, tissues, disinfectant wipes, masks).		6	No
23	Provide hand sanitizer that contains at least 60% alcohol to employees and customers, if handwashing is not readily available		(Ŷe)	No
_	Cleaning and Disinfection			
24	Clean and disinfect highly touched surfaces AND shared objects between each use		©	No No
25	Clean and disinfect table condiment containers, tables, chairs, and other commonly touched areas between seating.		Q .	No
26	Eliminate table presets, such self-service items (e.g., napkins, utensils, glassware, condiment containers)		O s	No
27	Regularly disinfect liquor bottles, pour stations, taps, ice scoops, and other touched surfaces, and use disposable, single cups, if feasible		∰ s	No
28	Developed a schedule for increased routine cleaning and disinfection		Ŷe	No
29	Use cleaning and disinfection products that meet EPA disinfection criteria and that are appropriate for the surface		(Ye)	No

30	Disinfect game machines, pool tables, dart boards, supplies associated with the game, and other areas that have high-touch surfaces after each use. In addition: a. Access to the amusement device/materials is controlled by the establishment b. Use of game machine and equipment is by reservation c. No more than 6 persons allowed to participate in any game. d. A written record of the use of game machine and equipment maintained, which provides the information outlined in the guidance and readily available to DPHSS, when requested,	N/A	Yes	No
31	use, unless electronic menus or other means are used, such as menu board or QR code to access online menu. When paper		(Yes	No
32	menus are used, it is for single use only and discarded after use Provide and maintain an adequate supply of cleaning and disinfection products for both employees and patrons for use		(Fes	No
	Ventilation			
33	Check filters of ventilation devices to ensure they are within service life and appropriately installed and maintained		P	No
34	Take appropriate steps to minimize air from fans blowing from one person directly to another individual if fans are used in the establishment		des	No
	Communal Spaces			
35	Stagger employee use of shared spaces (e.g., break rooms) and require mask use at all times, except for actively eating, drinking, or smoking in designated areas	-	(Tess	No
36	Limit any sharing of food, tools, equipment, or supplies by staff members		6	No
37	Limit the number of people in shared spaces at one time and ensure necessary social distancing is practiced		Me;	No
38	Disinfect the shared space after each use		(Ye)s	No
	Health and Safety of Employees and Guests	91		
39	Educate and communicate with employees regarding symptoms, protocols for reporting to work, and procedures should they come into close contact with a person under investigation with COVID-19		Tes	No
40	Contact DPHSS should an employee or employees test positive for COVID-19 for contact tracing		(Pes	. No
41	Train all employees in COVID-19 safety actions (e.g., social distancing, use of face masks, hand washing, cleaning and disinfecting)		(Pa)	No

RECEIVED BY (Name and Title)	DATE	-	
J Unedera 000	4	29	21
DEH INSPECTOR (Name and Title)	DATE		
T SHMIZU, EPHOZ D V RAYMUNDO, EPHOZ	04	29	1021